

ACTIVATED BIOFILTER CHECKLIST

Permit # MO-_____ Facility _____ Date _____

1. What is the design flow? _____MGD; peak design flow _____MGD
2. What is the actual flow? _____MGD; actual peak flow _____MGD
3. What is the biofilter recycle rate? _____MGD
4. What is the activated sludge recycle rate? _____MGD
5. Dimensions of biofilter _____; # of units _____
6. Dimensions of aeration tanks _____; # of units _____
7. If multiple units are used, is flow distributed evenly? Yes _____; No _____; N/A _____; How is it distributed? _____
8. Is operation of the system: manual _____; semi-automatic _____; automatic _____; computer controlled _____
9. What type of media is used in the biofilter? _____
10. What is the depth of the media? _____
11. Type of aeration system (conventional, etc.) _____
12. Type of aeration equipment (mechanical, etc.) _____
Number of aeration units _____; capacity of each unit _____
13. Is flow distributed evenly throughout biofilter? Yes _____; No _____
14. Are any distribution orifices clogged? Yes _____; No _____
15. Is there evidence of bio-cell clogging, ponding? Yes _____; No _____
16. Is there evidence of: filter flies _____; snails _____; other _____
17. Is grass, moss, or other vegetation growing on bio-cell? Yes _____; No _____
18. Are there operable flow measuring devices for recirculating and return sludge flows? Yes _____; No _____; Date last calibrated _____
19. Are all aerators working properly? Yes _____; No _____
20. Are aeration tank contents mixed thoroughly? Yes _____; No _____
21. Do there appear to be dead spots in aeration? Yes _____; No _____
22. Does mixing appear to be excessive? Yes _____; No _____
23. Is operation of aerators based on: time _____; D.O. _____; other _____
24. Type of D.O. monitoring: laboratory (on site) _____; portable meter _____; stationary meter _____; date of last calibration _____
25. Does the aeration have a foam control system? Yes _____; No _____
Is it operable? Yes _____; No _____ Is it operating? Yes _____; No _____
26. Color of bio-cell growth: black _____; dark brown _____; light brown _____; green _____; other _____
27. Color of activated sludge: black _____; dark brown _____; light brown _____; green _____; other _____
28. Odor of bio-cell: septic _____; earthy _____; none _____; other _____
29. Odor of aeration tank: septic _____; earthy _____; none _____; other _____
30. Foam in activated sludge: light, crisp _____; thick, dark _____; heavy white _____; none _____; other _____
31. Safety features provided: guard rails _____; nonskid surfaces _____; life preservers _____; lights _____; other _____

- 32. Is there an approved lockout / tagout program? Yes ____; No ____
- 33. Is there an alarm system for the process? Yes ____; No ____
- 33a. (If yes, type: radio telemetry ____; phone dialer ____; local audible/visual__
- 34. Alternate power source available? Yes__ No__
- 34a. If yes, type: station. generator ____; port. generator ____; separate utility__
- 35. How often are units checked? _____
- 36. Are operating records maintained? Yes ____; No ____
- 37. What is the: BOD load to biofilter _____; BOD load to aeration _____; F/M _____; MLSS _____; MLVSS _____
Settleability _____; D.O. (Aer)_____; SRT _____; Sludge depth _____; Predominate microorganisms _____
- 38. Are filamentous organisms: excessive ____; abundant ____; moderate ____; some ____; few ____
- 39. Do mechanical units have adequate spare parts inventory? Y ____; N__
- 40. What is the frequency of scheduled maintenance? _____
- 41. Are maintenance records maintained? Yes ____; No ____
- 42. Is housekeeping of units: Good ____; Fair ____; Poor ____
- 43. What is the general condition of units? Good ____; Fair ____; Poor____
- 44. What are the most common problems the Operator has had with the activated biofilter system? _____

Comments:
